

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), or genetic services, as defined in 29 C.F.R. § 1635.3(e). Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: R. Stewart Shofner MD

Type of practice / Medical specialty: Ophthalmology

Telephone: (615) 340-4733 Fax: (615) 340-4734

PART A: MEDICAL FACTS

1. Approximate date condition commenced: Diagnosed 7/27/2018

Probable duration of condition: Lifetime

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

 No ☒ Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: 12/5/2018

Was medication, other than over-the-counter medication, prescribed? ☒ No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No ☒ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? No ☒ Yes. If so, state the nature of such treatments and expected duration of treatment:

Previously referred to retina specialist, otolaryngologist, audiologist.

2. Is the medical condition pregnancy? ☒ No Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

Patient has Usher Syndrome type 2A and Retinitis Pigmentosa. Decreased vision and hearing will continue to worsen for the remainder of her life. Continuing treatment will be necessary.



PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? ☒ No ☐ Yes.

Estimate the beginning and ending dates for the period of incapacity: intermittent care only

During this time, will the patient need care? ☐ No ☒ Yes.

Explain the care needed by the patient and why such care is medically necessary: Patient is currently not legal to drive, and vision will continue to worsen. She will need assistance to travel to and from Dr. visits and treatments and for low vision therapy, if required outside of the home.

We cannot speak of past time needed, only for future time.

5. Will the patient require follow-up treatments, including any time for recovery? ☐ No ☒ Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

This is difficult to predict, as it is dependent upon the progress of the disease.

Explain the care needed by the patient, and why such care is medically necessary: Please see notes above on #4.

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? ☐ No ☒ Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

unknown hour(s) per day; unknown days per week from unknown through unknown

Explain the care needed by the patient, and why such care is medically necessary: It is too difficult to predict the amount of time needed, as it is dependent much upon the progression of the patient's disease. Care will be necessary to transport the patient to and from Dr. visits, treatment, and low vision therapy if required outside of the home.